

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12100-62-048363

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED DEC 21 1962

VS 300
Rev. 4/59

1

2 2/6

3

4 0

5 1

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7 1

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12 90-0

13

90

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
45 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3604 So. Compton Avenue

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3604 So. Compton Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First JOSEPH

Middle P.

Last GIBSON

4. DATE OF DEATH Month Day Year
Dec. 15, 1962

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/5/1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired operator

10b. KIND OF BUSINESS OR INDUSTRY
pub. utilities-Transptn

11. BIRTHPLACE (City and state or country)
Old Marissa, Ill.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph Gibson

13b. MOTHER'S MAIDEN NAME

Rebecca Temple

14. NAME OF HUSBAND OR WIFE

Tessie Bartle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Tessie Gibson, 3604 So. Compton Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Artificial Sclerosis

INTERVAL BETWEEN ONSET AND DEATH
5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Nephritis - Chronic

5 years

DUE TO (c)

Diphtheria - 260X

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 7:45 P.

to Dec 1 62 to Dec 15 62 and last saw him alive on Dec 13 62
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Scott Hemen

22b. ADDRESS

6500 Chippewa

22c. DATE SIGNED

12/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12/18/62

23c. NAME OF CEMETERY OR CREMATORY

Marissa Cemetery

23d. LOCATION (City, town, or county)

Marissa, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.

DEC 17 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

Dr. Scott Heuer,
6500 Chippewa St.
1-2 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4520

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.